



EMPLOYMENT APPLICATION

11/01/09

Date: _____ **Social Security Number:** _____

Name: _____ **Telephone:** _____
LAST FIRST INITIAL

Address: _____
STREET

CITY STATE ZIP

How did you hear about us? newspaper paiswv.com
 Monster.com walk-in other _____

Please list any city and state resided in for three months or longer in the past two years:

City, State	City, State	City, State

Have you ever been convicted of a felony or misdemeanor? Y or N
If yes, please list date & circumstances:

Signature _____
Date _____

EMPLOYMENT HISTORY (most current first)

Employer:	Your Job Title:	
Address:	Duties:	
	Reason for Leaving:	
Phone:	Salary:	
May we contact your former Employer?	Employment from:	To:
Employer:	Your Job Title:	
Address:	Duties:	
	Reason for Leaving:	
Phone:	Salary:	
May we contact your former Employer?	Employment from:	To:
Employer:	Your Job Title:	
Address:	Duties:	
	Reason for Leaving:	
Phone:	Salary:	

May we contact your former Employer?	Employment from:	To:
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EDUCATION HISTORY

Institution	Name & Location	Grade Completed: Diploma/Degree
High School		
University/College		
Other (Day/Night)		

REFERENCES

	Name	Occupation	Telephone
1			
2			
3			

SKILLS

- Computer
- Calculator
- Dictation
- Typewriter WPM: _____
- Shorthand WPM: _____

TRAINING

- CPR
- First Aid
- Behavior Management
- Crisis Intervention
- Other explain: _____

Date Available	Position Applied For:
Hours Available	
Salary Expected	
	Shift Desired: <ul style="list-style-type: none"> <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Afternoon/Evening <input type="checkbox"/> Any Shift

The information provided on this application is accurate to the best of my knowledge and subject to verification by this company. I understand that proof of age may be required upon employment. I understand I must truthfully answer all the questions on this application. I also understand that if I do not, I may be refused employment, or separated if I am a current company employee. While employed by this company I agree not to engage in any other business or employment without the consent of this company. If employment results from this application, I understand that additional personal data or a physical examination may be required if I am eligible for benefits. I authorize all previous employers to furnish this company with any information they may have regarding my employment and my reason for leaving, and I release my prior employers and this company from all liability for and damage resulting from the information provided.

SIGNATURE: _____ **DATE:** _____

The Employee Pay Scale policy has been provided to me and I am aware that my starting pay is based solely and entirely on this pay scale.

SIGNATURE: _____ **DATE:** _____

I understand that there is no guarantee of hours available as hours are determined based on client need.

SIGNATURE: _____ **DATE:** _____

I understand that any offer of employment is dependent on passing a drug test.

SIGNATURE: _____ **DATE:** _____

INTERVIEWER _____ **DATE:** _____

COMMENTS

Not Accepted Accepted

Home Type : _____ Years Experience: _____

Starting Pay: _____ Start Date: _____